

(CH-2, 19SEP03)

Reporting Member's RECEIPT PACKAGE

*The following items must be properly completed and submitted to your Command Pass Liaison Representative (PLR), in order to obtain an appointment for Receipts processing. **Incomplete packages will prevent member from being assigned an appointment.***

1. Member's Personal Information Sheet
2. Pen and ink changes to existing Page 2 and SGLI.
3. Member's Receipt Check-Off List signed by Command's PLR.
4. Original and 3 copies of the orders (with reporting endorsement from command).
5. Original and a copy of **COMPLETED** Travel Claim(s) (DD Form 1351-2) with supporting documents (i.e. lodging receipts, plan ticket receipts, etc). Complete Missing Receipt Form if necessary. See Travel Claim Check Off Sheet for help.
6. Temporary Lodging Expense (TLE) Claim form for CONUS expenses and if entitled. Provide copy of lodging receipts to match claim.
7. Temporary Lodging Allowance (TLA) Information Sheet (If member is authorized by Housing Office)
8. Command approval letter for the following, if applicable:
 - a. COMRATS/BAS (approved appropriately)
 - b. Authorization to live off-base,
 - c. Special Pays (SDAP, Dive Qualifications, Foreign Language Evaluations, Responsibility Pay, etc.)

Additional information for Mobilization & ADSW members:

9. Completed Direct Deposit Sign-Up Form
10. Completed State of Legal Residence Certificate
11. Completed W4 (Employee's Withholding Allowance Certificate)

IMPORTANT: SERVICE RECORD WILL BE KEPT IN THE PSD RECEIPTS SECTION FIVE (5) WORKING DAYS FROM PROCESSING DATE. RECORD WILL NOT BE ACCESSIBLE DURING THIS PROCESS PERIOD.

Special Note:

If applying for Family Type Government Quarters or TLA, prepare the following package for Housing:

- (a) Copy of ENDORSED Orders
- (b) Copy of Enlisted member's Page 5 or Last PDS detaching endorsement.
- (c) Copy of member's pen & ink changes of Page 2.

MEMBER'S PERSONAL INFORMATION SHEET

NAME	NEW
SSN	COMMAND
RATE	UIC
RANK	REPORT
Member's	DATE
Resident	Last
Address	Transfer
PHONE #	Date
EMAIL	Work
	Phone #
	Special
	Pays
	ON TLA
	YES
	NO

DEPENDENT PCS INFORMATION

Dependents Name (Who PCS)	Relationship	Age	Date Arrived
Depns			
Current			
Address			

Pass Liaison Representative's RECEIPTS CHECK-OFF LIST

MEMBER'S RATE/RANK AND NAME/COMMAND:		
PLRS' INITIAL		
	COMPLETED Member's Personal Information Sheet	
	Pen & ink changes to existing Emergency Data (Page 2) <i>Ensure PNOK/SNOK is designated with current address and phone numbers.</i>	
	Pen & Ink changes to existing SGLI. <i>Ensure beneficiaries reflect current address and coincides with Page 2 information</i>	
	Original and three (3) copies of Command ENDORSED Orders (full set of orders, not just the first page). <i>Ensure copies reflect legible reporting endorsement.</i>	
	Original and one (1) copy of COMPLETED Travel Claim with supporting travel itinerary, receipts (travel/hotel), BEQ/BOQ statement of non assignment, Pet Quarantine, etc. Note: Complete missing Receipt Form if necessary.	
	COMPLETED Temporary Lodging Expense (TLE) Claim, if applicable to member supported with hotel receipts. (Conus to Out-Conus)	
	COMPLETED Temporary Lodging Allowance Information Sheet, if member is eligible for TLA. Must be authorized by Housing Office.	
	Approved Special Request Chit or letter for COMRATS/BAS (by COMAVREG) if applicable/available	
	BEQ/BOQ Check out Sheet and COMNAVREG approval to live off base if applicable.	
	Command memo to start Special Pays (SDAP, Dive Pay, Foreign Language, etc.)	
	For ADSW/Mobilization Members Only:	
	COMPLETED Direct Deposit Sign-Up Form with cancelled check for sample.	
	COMPLETED State of Legal Residence Certificate	
	COMPLETED Employee's Withholding Allowance Certificate W4	
	Acknowledgement by Command PLR: "I certify the above to be complete for Receipt Processing. I understand that an incomplete package will prevent member from being assigned an appointment." <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%; border-top: 1px solid black; text-align: center;">Command PLR's Signature</div> <div style="width: 45%; border-top: 1px solid black; text-align: center;">Date</div> </div>	
	Phone Number:	Email:

Travel Claim Check Off Sheet

Rev: 9/03

The following travel claim package must be verified and assembled in below orders by PLRs prior to forwarding to Receipts Division or Travel Division for processing.

- DD Form 1351-2 Travel Voucher or Subvoucher
- Endorsed Travel Orders
- Amendments
- Lodging Receipts and Temporary Lodging Expense Certificate (if applicable)
- Rental Car Receipts
- Flight Itinerary
- Any receipts which can be provided. Mandatory submission of receipts is required for expenses over \$75.00 (Submit Certificate of Unaavilable/Lost Receipt Form, if necessary)

Points to Remember:

All information asked for on the form MUST be filled out in it's entirety. Additionally, email address for both PLR and Traveler must be provided. If the traveler has classified email address and we are unable to contact the traveler, the traveler must indicate a secondary/backup email address. A suggestion is to provide another POC within the Admin department/PLR/Travel Coordinator's email address. Bottom line, Travel Section needs two email addresses provided on the transmittal sheet.

DD FORM 1351-2 JUL 2002 PREVIOUS EDITION IS OBSOLETE. Exception to SF 1012 approved by GSA/IRMS 12-91.

PRIVACY ACT STATEMENT

AUTHORITY: 5 U.S.C. Section 5701, 37 U.S.C. Sections 404 - 427, 5 U.S.C. Section 301, DoDFMR 7000.14-R, Vol. 9, and E.O. 9397.

PRINCIPAL PURPOSE(S): This record is used for reviewing, approving, accounting, and disbursing money for claims submitted by Department of Defense (DoD) travelers for official Government travel. The Social Security number (SSN) is used to maintain a numerical identification filing system for filing and retrieving individual claims.

ROUTINE USE(S): Disclosures are permitted under 5 U.S.C. 552a(b), Privacy Act of 1974, as amended. In addition, information may be disclosed to the Internal Revenue Service for travel allowances, which are subject to Federal income taxes, and for any DoD "Blanket Routine Use" as published in the Federal Register.

DISCLOSURE: Voluntary; however, failure to furnish the information requested may result in total or partial denial of the amount claimed.

PENALTY STATEMENT

There are severe criminal and civil penalties for knowingly submitting a false, fictitious, or fraudulent claim (U.S. Code, Title 18, Sections 287 and 1001 and Title 31, Section 3729).

INSTRUCTIONS

ITEM 1 - PAYMENT

Member must be on electronic funds (EFT) to participate in split disbursement. Split disbursement is a payment method by which you may elect to pay your official travel card bill and forward the remaining settlement dollars to your predesignated account. For example, \$250.00 in the "Amount to Government Travel Charge Card" block means that \$250.00 of your travel settlement will be electronically sent to the charge card company. Any dollars remaining on this settlement will automatically be sent to your predesignated account. Should you elect to send more dollars than you are entitled, "all" of the settlement will be forwarded to the charge card company. Notification: you will receive your regular monthly billing statement from the Government Travel Charge Card contractor; it will state: paid by Government, \$250.00, 0 due. If you forwarded less dollars than you owe, the statement will read as: paid by Government, \$250.00, \$15.00 now due. Payment by check is made to travelers only when EFT payment is not directed.

REQUIRED ATTACHMENTS

1. Original and/or copies of all travel orders and amendments, as applicable.
2. Two copies of dependent travel authorization if issued.
3. Copies of secretarial approval of travel if claim concerns parents who either did not reside in your household before their travel and/or will not reside in your household after travel.
4. Copy of GTR, MTA or ticket used.
5. Hotel/motel receipts and any item of expense claimed in an amount of \$75.00 or more.
6. Other attachments will be as directed.

ITEM 15 - ITINERARY - SYMBOLS

15c. MEANS/MODE OF TRAVEL *(Use two letters)*

GTR/TKT	- T	Automobile	- A
Government Transportation	- G	Motorcycle	- M
Commercial Transportation		Bus	- B
<i>(Own expense)</i>	- C	Plane	- P
Privately Owned		Rail	- R
Conveyance <i>(POC)</i>	- P	Vessel	- V

15d. REASON FOR STOP

Authorized Delay	- AD	Leave En Route	- LV
Authorized Return	- AR	Mission Complete	- MC
Awaiting Transportation	- AT	Temporary Duty	- TD
Hospital Admittance	- HA	Voluntary Return	- VR
Hospital Discharge	- HD		

ITEM 15e. LODGING COST

Enter the total cost for lodging.

ITEM 19 - DEDUCTIBLE MEALS

Meals consumed by a member/employee when furnished with or without charge incident to an official assignment by sources other than a government mess (*see JFTR, par. U4125-A3g and JTR, par. C4554-B for definition of deductible meals*). Meals furnished on commercial aircraft or by private individuals are not considered deductible meals.

29. REMARKS

INDICATE DATES ON WHICH LEAVE WAS TAKEN:

(Continuation Sheet)

PAGES

15. ITINERARY

[illegible][illegible]

a. DATE	b. NO. OF MEALS	a. DATE	b. NO. OF MEALS

TEMPORARY LODGING EXPENSE CERTIFICATE

NAME: _____ SSN: _____

OLD PDS: _____ NEW PDS: _____

OLD ADDRESS: _____ NEW ADDRESS: _____

DEPENDENT NAME	RELATIONSHIP	BIRTH/MARRIAGE DATE

MEMBER

DATE DETACH OLD PDS: _____

DATE REPORT NEW PDS: _____

DEPENDENTS

DATE DETACH OLD PDS: _____

DATE REPORT NEW PDS: _____

DATE QUARTERS/RESIDENCE VACATED: _____

NAME AND ADDRESS OF TEMPORARY LODGING FACILITY:

DAILY LODGING COST: _____ HOW MANY RESIDED IN TEMPORARY LODGING? _____

MONTHLY RATE OF BAH: _____ DAILY RATE OF BAS: _____

FROM: _____ TO: _____
CHECK IN DATE CHECK OUT DATE

DID THE TEMPORARY LODGING HAVE FACILITIES FOR PREPARING FOOD? (Y/N) _____

WAS GOV MESS USED FOR ALL THREE MEALS DAILY? (Y/N) (MEMBER ONLY) _____

DID THE MEMBER AND DEPENDENTS RESIDE WITH FAMILY OR FRIENDS? (Y/N) _____

CERTIFICATION

I certify that in connection with my PCS transfer I was required to obtain temporary lodging for:

☐ Myself

☐ Dependent(s) Only

☐ Myself & My Dep(s)

Signature: _____ Date: _____

*** Use a separate form for EACH lodging location.

*** Navy Lodge MUST be used prior to using commercial lodging.

*** Final lodging receipt is REQUIRED.

CERTIFICATION FOR UNAVAILABLE/LOST RECEIPT

I HEREBY CERTIFY THAT I INCURRED THE FOLLOWING EXPENSE(S) FOR WHICH THE RECEIPT IS UNAVAILABLE AND/OR LOST FOR PRESENTATION WITH THIS TRAVEL CLAIM.

LODGING EXPENSES:

PROCURED AT: _____
(Hotel Name, City, State/Country)
FOR PERIOD _____ THRU _____ AT A COST OF
\$ _____ PER DAY, FOR A TOTAL COST OF \$ _____

PROCURED AT: _____
(Hotel Name, City, State/Country)
FOR PERIOD _____ THRU _____ AT A COST OF
\$ _____ PER DAY, FOR A TOTAL COST OF \$ _____

AIRLINE TICKET(S):

FROM _____ TO _____ DATE _____ COST _____

RENTAL CAR:

FROM _____ TO _____ DATE _____ COST _____

PROVIDE STATEMENT EXPLAINING WHY RECEIPT ISN'T FURNISHED

I AM SUBMITTING THIS STATEMENT IN LIEU OF UNAVAILABLE AND/OR LOST RECEIPT(S). I MAKE THE FOREGOING CERTIFICATION WITH THE FULL KNOWLEDGE OF THE PENALITIES FOR WILLFULLY MAKING A FALSE STATEMENT (18 USC 1001). I UNDERSTAND THAT IF ANY PORTION OF THE CLAIM IS DETERMINED TO BE FRAUDULANT, PAYMENT FOR THE ENTIRE CLAIM MAY BE DENIED.

Signature/Date

ARRIVAL TEMPORARY LODGING ALLOWANCE (TLA) INFORMATION SHEET
--

NAME (Last, First, MI):	RANK/RATE:	SSN:
COMMAND:	UIC:	WORK PHONE:
REPORT DATE:	TLA HOTEL:	

INITIALS	
	The purpose of TLA is to PARTIALLY reimburse a member for more than normal expenses incurred while occupying temporary lodging accommodations.
	FAMILY MEMBERS MUST BE COMMAND-SPONSORED prior to the effective date of orders.
	TLA is payable in 10 or less day increments, with a paid receipt and TLA authorization, not to exceed 60 calendar days (including periods of TAD off the island) from the date of reporting. Waivers may be requested via letter to COMNAVBASE Pearl Harbor.
	TLA is not payable to the member while on leave (prior to report date) or TAD off the island. If the member is TAD off the island, TLA may be paid only for family members who remain on island.
	TLA is payable when staying with friends/relatives (meal allowance only) or in temporary lodging on the island of Oahu only.
	Immediately after reporting to command, personnel arriving with their family members are <u>required</u> to register with the Navy Aloha Center within 72 hours for a housing assignment appointment and TLA authorization due to non-availability of government quarters. The member or a family member (with power of attorney) is required to have a copy of permanent change of station (PCS) orders (with command reporting endorsement), the detaching endorsement and the Page 2 (Record of Emergency Data).
	Single and geographical bachelors must check-in with the BOQ/BEQ to obtain lodging. If lodging is not available, the member will be issued a non-availability of government quarters stamp on their original orders and a TLA authorization letter from the BOQ/BEQ. If a non-availability is issued, the member must then register with the Navy Housing Referral Office to show active search for permanent quarters. Single and geographical bachelors attached to an Afloat command are NOT eligible to receive TLA.
	The Navy Aloha Center and Housing Referral Office is located at 988 Spence Street (Bldg 2562) adjacent to Moanalua Shopping Center and can be contacted at 474-1800.
	All payments are made via EFT to the bank account where regular pay is deposited. EFT payments normally post to the bank account within 3 working days after claim submission.
	Member may submit TLA claim NO EARLIER THAN the 7 th day of the 10 th day increment. Member must have been processed on board new duty station and provide valid paid or advance hotel receipts and TLA authorization from Housing.
	Final TLA will NOT be paid unless Page 2 and SGLI is updated and signed by member reflecting new permanent address. In addition to the final TLA documents, documentation of government quarter's assignment or rental/mortgage agreement is required. The TLA Clerk will update/start applicable station allowances (i.e. BAH and/or COLA).

"I have been briefed and understand the provisions regarding entitlement to Arrival TLA and my responsibilities as contained in COMNAVBASEPEARLINST 7220.2d and will promptly notify the command of any change in statutes affecting entitlement thereto."

(Member's signature)

DIRECT **DEPOSIT** SIGN-UP FORM

DIRECTIONS

- To sign up for direct deposit, the payee is to read the back of this form and fill in the information requested in Sections 1 and 2. Then take or mail this form to the financial institution. The financial institution will verify the information in Sections 1 and 2, and will complete Section 3. The completed form will be returned to the Government agency identified below.
- A separate form must be completed for each type of payment to be sent by Direct Deposit.
- The claim number and type of payment are printed on Government checks. (See the sample check on the back of this form.) This information is also stated on beneficiary/annuitant award letters and other documents from the Government agency.
- Payees must keep the Government agency informed of any address changes in order to receive important information about benefits and to remain qualified for payments.

SECTION 1 (TO BE COMPLETED BY PAYEE)

A NAME OF PAYEE <i>(last, first, middle initial)</i>		D TYPE OF DEPOSITOR ACCOUNT <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS	
ADDRESS <i>(street, route, P.O. Box, APO/FPO)</i>		E DEPOSITOR ACCOUNT NUMBER <div style="border: 1px solid black; width: 100%; height: 20px; margin-top: 5px;"></div>	
CITY	STATE	ZIP CODE	
TELEPHONE NUMBER		F TYPE OF PAYMENT <i>(Check only one)</i> <input type="checkbox"/> Social Security <input type="checkbox"/> Fed Salary/Mil. Civilian Pay <input type="checkbox"/> Supplemental Security Income <input type="checkbox"/> Mil. Active _____ <input type="checkbox"/> Railroad Retirement <input type="checkbox"/> Mil. Retire. _____ <input type="checkbox"/> Civil Service Retirement (OPM) <input type="checkbox"/> Mil. Survivor _____ <input type="checkbox"/> VA Compensation or Pension <input type="checkbox"/> Other _____ <i>(specify)</i>	
B NAME OF PERSON(S) ENTITLED TO PAYMENT		G THIS BOX FOR ALLOTMENT OF PAYMENT ONLY <i>(if applicable)</i>	
C CLAIM OR PAYROLL ID NUMBER <div style="display: flex; justify-content: space-between;"> Prefix Suffix </div>		<div style="display: flex;"> <div style="flex: 1;">TYPE</div> <div style="flex: 1;">AMOUNT</div> </div>	
PAYEE/JOINT PAYEE CERTIFICATION I certify that I am entitled to the payment identified above, and that I have read and understood the back of this form. In signing this form I authorize my payment to be sent to the financial institution named below to be deposited to the designated account.		JOINT ACCOUNT HOLDERS' CERTIFICATION <i>(optional)</i> I certify that I have read and understood the back of this form, including the SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS.	
SIGNATURE	DATE	SIGNATURE	DATE
SIGNATURE	DATE	SIGNATURE	DATE

SECTION 2 (TO BE COMPLETED BY PAYEE OR FINANCIAL INSTITUTION)

GOVERNMENT AGENCY NAME	GOVERNMENT AGENCY ADDRESS
------------------------	---------------------------

SECTION 3 (TO BE COMPLETED BY FINANCIAL INSTITUTION)

NAME AND ADDRESS OF FINANCIAL INSTITUTION		ROUTING NUMBER		CHECK DIGIT
		<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>		
		DEPOSITOR ACCOUNT TITLE		
FINANCIAL INSTITUTION CERTIFICATION				
I confirm the identity of the above-named payee(s) and the account number and title. As representative of the above-named financial institution, I certify that the financial institution agrees to receive and deposit the payment identified above in accordance with 31 CFR Parts 240, 209, and 210.				
PRINT OR TYPE REPRESENTATIVE'S NAME	SIGNATURE OF REPRESENTATIVE		TELEPHONE NUMBER	DATE

Financial institutions should refer to the GREEN BOOK for further instructions.

THE FINANCIAL INSTITUTION SHOULD MAIL THE COMPLETED FORM TO THE GOVERNMENT AGENCY IDENTIFIED ABOVE.

BURDEN ESTIMATE STATEMENT

The estimated average burden associated with this collection of information is 10 minutes per respondent or record-keeper, depending on individual circumstances. Comments concerning the accuracy of this burden estimate and suggestions for reducing this burden should be directed to the Financial Management Service, Facilities Management Division, Property & Supply Section, Room B-101, 3700 East-West Highway, Hyattsville, MD 20782 or the Office of Management and Budget, Paperwork Reduction Project (1510-0007), Washington, D.C. 20503.

PLEASE READ THIS CAREFULLY

All information on this form, including the individual claim number, is required under 31 USC 3322, 31 CFR 209 and/or 210. The information is confidential and is needed to prove entitlement to payments. The information will be used to process payment data from the Federal agency to the financial institution and/or its agent. Failure to provide the requested information may affect the processing of this form and may delay or prevent the receipt of payments through the Direct Deposit/Electronic Funds Transfer Program.

INFORMATION FOUND ON CHECKS

Most of the information needed to complete boxes A, C, and F in Section 1 is printed on your government check:

- (A) Be sure that the payee's name is written exactly as it appears on the check. Be sure current address is shown.
- (C) Claim numbers and suffixes are printed here on checks beneath the date for the type of payment shown here. Check the Green Book for the location of prefixes and suffixes for other types of payments.
- (F) Type of payment is printed to the left of the amount.

United States Treasury 15-51 1000

AUSTIN, TEXAS

Check No. 0000 - 4157815

Month Day Year
08 31 84

Pay to the order of
JOHN DOE
123 BRISTOL STREET
HAWKINS BRANCH, TX 76543

29-693-775 00 C

28 28
VA COMP

DOLLARS CTS
\$ ****100*00

NOT NEGOTIABLE

@0000005186 041571926

SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS

Joint account holders should immediately advise both the Government agency and the financial institution of the death of a beneficiary. Funds deposited after the date of death or ineligibility, except for salary payments, are to be returned to the Government agency. The Government agency will then make a determination regarding survivor rights, calculate survivor benefit payments, if any, and begin payments.

CANCELLATION

The agreement represented by this authorization remains in effect until canceled by the recipient by notice to the Federal agency or by the death or legal incapacity of the recipient. Upon cancellation by the recipient, the recipient should notify the receiving financial institution that he/she is doing so.

The agreement represented by this authorization may be cancelled by the financial institution by providing the recipient a written notice 30 days in advance of the cancellation date. The recipient must immediately advise the Federal agency if the authorization is cancelled by the financial institution. The financial institution cannot cancel the authorization by advice to the Government agency.

CHANGING RECEIVING FINANCIAL INSTITUTIONS

The payee's Direct Deposit will continue to be received by the selected financial institution until the Government agency is notified by the payee that the payee wishes to change the financial institution receiving the Direct Deposit. To effect this change, the payee will complete the new SF 1199A at the newly selected financial institution. It is recommended that the payee maintain accounts at both financial institutions until the transition is complete, i.e. after the new financial institution receives the payee's Direct Deposit payment.

FALSE STATEMENTS OR FRAUDULENT CLAIMS

Federal law provides a fine of not more than \$10,000 or imprisonment for not more than five (5) years or both for presenting a false statement or making a fraudulent claim.

STATE OF LEGAL RESIDENCE CERTIFICATE

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY: Tax Reform Act of 1976, Public Law 94-455.

PURPOSE: Information is required for determining the correct State of legal residence for purposes of withholding State income taxes from military pay.

ROUTINE USES: Information herein will be furnished State authorities and to Members of Congress.

MANDATORY OR VOLUNTARY DISCLOSURE: Disclosure is voluntary. If not provided, State income taxes will be withheld based on the tax laws of the State previously certified as your legal residence, or in the absence of a prior certification, the tax laws of the applicable State based on your home of record.

NAME (Last, first, middle initial)

SOCIAL SECURITY NUMBER (SSN)

LEGAL RESIDENCE/DOMICILE (City or county and State)

INSTRUCTIONS FOR CERTIFICATION OF STATE OF LEGAL RESIDENCE

The purpose of this certificate is to obtain information with respect to your legal residence/domicile for the purpose of determining the State for which income taxes are to be withheld from your "wages" as defined by Section 3401(a) of the Internal Revenue Code of 1954. PLEASE READ INSTRUCTIONS CAREFULLY BEFORE SIGNING.

The terms "legal residence" and "domicile" are essentially interchangeable. In brief, they are used to denote that place where you have your permanent home and to which, whenever you are absent, you have the intention of returning. The Soldiers' and Sailors' Civil Relief Act protects your military pay from the income taxes of the State in which you reside by reason of military orders unless that is also your legal residence/domicile. The Act further provides that no change in your State of legal residence/domicile will occur solely as a result of your being ordered to a new duty station.

You should not confuse the State which is your "home of record" with your State of legal residence/domicile. Your "home of record" is used for fixing travel and transportation allowances. A "home of record" must be changed if it was erroneously or fraudulently recorded initially.

Enlisted members may change their "home of record" at the time they sign a new enlistment contract. Officers may not change their "home of record" except to correct an error, or after a break in service. The State which is your "home of record" may be your State of legal residence/domicile only if it meets certain criteria.

The formula for changing your State of legal residence/domicile is simply stated as follows: physical presence in the new State with the simultaneous intent of making it your permanent home and abandonment of the old State of legal residence/domicile. In most cases, you must actually reside in the new State at the time you form the intent to make it your permanent home. Such intent must be clearly indicated. Your intent to make the new State your permanent home may be indicated by certain actions such as: (1) registering to vote; (2) purchasing residential property or an unimproved residential lot; (3) titling and registering your automobile(s); (4) notifying the State of your previous legal residence/domicile of the change in your State of legal residence/domicile; and (5) preparing a new last will and testament which indicates your new State of legal residence/domicile. Finally, you must comply with the applicable tax laws of the State which is your new legal residence/domicile.

Generally, unless these steps have been taken, it is doubtful that your State of legal residence/domicile has changed. Failure to resolve any doubts as to your State of legal residence/domicile may adversely impact on certain legal privileges which depend on legal residence/domicile including among others, eligibility for resident tuition rates at State universities, eligibility to vote or be a candidate for public office, and eligibility for various welfare benefits. If you have any doubt with regard to your State of legal residence/domicile, you are advised to see your Legal Assistance Officer (JAG Representative) for advice prior to completing this form.

I certify that to the best of my knowledge and belief, I have met all the requirements for legal residence/domicile in the State claimed above and that the information provided is correct.

I understand that the tax authorities of my former State of legal residence/domicile will be notified of this certificate.

SIGNATURE

CURRENT MAILING ADDRESS (Include ZIP Code)

DATE

Form W-4 (2003)

Purpose. Complete Form W-4 so that your employer can withhold the correct Federal income tax from your pay. Because your tax situation may change, you may want to refigure your withholding each year.

Exemption from withholding. If you are exempt, complete only lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2003 expires February 16, 2004. See **Pub. 505**, Tax Withholding and Estimated Tax.

Note: You cannot claim exemption from withholding if: (a) your income exceeds \$750 and includes more than \$250 of unearned income (e.g., interest and dividends) and (b) another person can claim you as a dependent on their tax return.

Basic instructions. If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 adjust your withholding allowances based on itemized

deductions, certain credits, adjustments to income, or two-earner/two-job situations. Complete all worksheets that apply. **However, you may claim fewer (or zero) allowances.**

Head of household. Generally, you may claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See line **E** below.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See **Pub. 919**, How Do I Adjust My Tax Withholding? for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using

Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax.

Two earners/two jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others.

Nonresident alien. If you are a nonresident alien, see the **Instructions for Form 8233** before completing this Form W-4.

Check your withholding. After your Form W-4 takes effect, use Pub. 919 to see how the dollar amount you are having withheld compares to your projected total tax for 2003. See Pub. 919, especially if your earnings exceed \$125,000 (Single) or \$175,000 (Married).

Recent name change? If your name on line 1 differs from that shown on your social security card, call 1-800-772-1213 for a new social security card.

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself if no one else can claim you as a dependent	A	_____
B	Enter "1" if: <div><ul style="list-style-type: none">• You are single and have only one job; or• You are married, have only one job, and your spouse does not work; or• Your wages from a second job or your spouse's wages (or the total of both) are \$1,000 or less.</div>	B	_____
C	Enter "1" for your spouse . But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.)	C	_____
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D	_____
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E	_____
F	Enter "1" if you have at least \$1,500 of child or dependent care expenses for which you plan to claim a credit	F	_____
(Note: Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)			
G	Child Tax Credit (including additional child tax credit): <ul style="list-style-type: none">• If your total income will be between \$15,000 and \$42,000 (\$20,000 and \$65,000 if married), enter "1" for each eligible child plus 1 additional if you have three to five eligible children or 2 additional if you have six or more eligible children.• If your total income will be between \$42,000 and \$80,000 (\$65,000 and \$115,000 if married), enter "1" if you have one or two eligible children, "2" if you have three eligible children, "3" if you have four eligible children, or "4" if you have five or more eligible children.	G	_____
H	Add lines A through G and enter total here. Note: This may be different from the number of exemptions you claim on your tax return. ▶	H	_____
<div>For accuracy, complete all worksheets that apply.</div> <ul style="list-style-type: none">• If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2.• If you have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$35,000, see the Two-Earner/Two-Job Worksheet on page 2 to avoid having too little tax withheld.• If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.			

----- Cut here and give Form W-4 to your employer. Keep the top part for your records. -----

Form W-4 Department of the Treasury Internal Revenue Service		Employee's Withholding Allowance Certificate		OMB No. 1545-0010 2003	
▶ For Privacy Act and Paperwork Reduction Act Notice, see page 2.					
1 Type or print your first name and middle initial		Last name		2 Your social security number	
Home address (number and street or rural route)				3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note: If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.	
City or town, state, and ZIP code				4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a new card. <input type="checkbox"/>	
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)				5	
6 Additional amount, if any, you want withheld from each paycheck				6	\$
7 I claim exemption from withholding for 2003, and I certify that I meet both of the following conditions for exemption: <ul style="list-style-type: none">• Last year I had a right to a refund of all Federal income tax withheld because I had no tax liability and• This year I expect a refund of all Federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here ▶				7	
Under penalties of perjury, I certify that I am entitled to the number of withholding allowances claimed on this certificate, or I am entitled to claim exempt status.					
Employee's signature (Form is not valid unless you sign it.) ▶					
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)				9 Office code (optional)	10 Employer identification number

Deductions and Adjustments Worksheet

Note: Use this worksheet **only** if you plan to itemize deductions, claim certain credits, or claim adjustments to income on your 2003 tax return.

- 1 Enter an estimate of your 2003 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 7.5% of your income, and miscellaneous deductions. (For 2003, you may have to reduce your itemized deductions if your income is over \$139,500 (\$69,750 if married filing separately). See **Worksheet 3** in Pub. 919 for details.) . . . 1 \$ _____
- 2 Enter: $\left\{ \begin{array}{l} \$7,950 \text{ if married filing jointly or qualifying widow(er)} \\ \$7,000 \text{ if head of household} \\ \$4,750 \text{ if single} \\ \$3,975 \text{ if married filing separately} \end{array} \right\}$ 2 \$ _____
- 3 **Subtract** line 2 from line 1. If line 2 is greater than line 1, enter "-0-" 3 \$ _____
- 4 Enter an estimate of your 2003 adjustments to income, including alimony, deductible IRA contributions, and student loan interest 4 \$ _____
- 5 **Add** lines 3 and 4 and enter the total. Include any amount for credits from **Worksheet 7** in Pub. 919 5 \$ _____
- 6 Enter an estimate of your 2003 nonwage income (such as dividends or interest) 6 \$ _____
- 7 **Subtract** line 6 from line 5. Enter the result, but not less than "-0-" 7 \$ _____
- 8 **Divide** the amount on line 7 by \$3,000 and enter the result here. Drop any fraction 8 _____
- 9 Enter the number from the **Personal Allowances Worksheet**, line H, page 1 9 _____
- 10 **Add** lines 8 and 9 and enter the total here. If you plan to use the **Two-Earner/Two-Job Worksheet**, also enter this total on line 1 below. Otherwise, **stop here** and enter this total on Form W-4, line 5, page 1 10 _____

Two-Earner/Two-Job Worksheet

Note: Use this worksheet **only** if the instructions under line H on page 1 direct you here.

- 1 Enter the number from line H, page 1 (or from line 10 above if you used the **Deductions and Adjustments Worksheet**) 1 _____
- 2 Find the number in **Table 1** below that applies to the **lowest** paying job and enter it here 2 _____
- 3 If line 1 is **more than or equal to** line 2, subtract line 2 from line 1. Enter the result here (if zero, enter "-0-") and on Form W-4, line 5, page 1. **Do not** use the rest of this worksheet 3 _____

Note: If line 1 is **less than** line 2, enter "-0-" on Form W-4, line 5, page 1. Complete lines 4-9 below to calculate the additional withholding amount necessary to avoid a year-end tax bill.

- 4 Enter the number from line 2 of this worksheet 4 _____
- 5 Enter the number from line 1 of this worksheet 5 _____
- 6 **Subtract** line 5 from line 4 6 _____
- 7 Find the amount in **Table 2** below that applies to the **highest** paying job and enter it here 7 \$ _____
- 8 **Multiply** line 7 by line 6 and enter the result here. This is the additional annual withholding needed 8 \$ _____
- 9 Divide line 8 by the number of pay periods remaining in 2003. For example, divide by 26 if you are paid every two weeks and you complete this form in December 2002. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck 9 \$ _____

Table 1: Two-Earner/Two-Job Worksheet

Married Filing Jointly				All Others			
If wages from LOWEST paying job are—	Enter on line 2 above	If wages from LOWEST paying job are—	Enter on line 2 above	If wages from LOWEST paying job are—	Enter on line 2 above	If wages from LOWEST paying job are—	Enter on line 2 above
\$0 - \$4,000	0	44,001 - 50,000	8	\$0 - \$6,000	0	75,001 - 100,000	8
4,001 - 9,000	1	50,001 - 60,000	9	6,001 - 11,000	1	100,001 - 110,000	9
9,001 - 15,000	2	60,001 - 70,000	10	11,001 - 18,000	2	110,001 and over	10
15,001 - 20,000	3	70,001 - 90,000	11	18,001 - 25,000	3		
20,001 - 25,000	4	90,001 - 100,000	12	25,001 - 29,000	4		
25,001 - 33,000	5	100,001 - 115,000	13	29,001 - 40,000	5		
33,001 - 38,000	6	115,001 - 125,000	14	40,001 - 55,000	6		
38,001 - 44,000	7	125,001 and over	15	55,001 - 75,000	7		

Table 2: Two-Earner/Two-Job Worksheet

Married Filing Jointly		All Others	
If wages from HIGHEST paying job are—	Enter on line 7 above	If wages from HIGHEST paying job are—	Enter on line 7 above
\$0 - \$50,000	\$450	\$0 - \$30,000	\$450
50,001 - 100,000	800	30,001 - 70,000	800
100,001 - 150,000	900	70,001 - 140,000	900
150,001 - 270,000	1,050	140,001 - 300,000	1,050
270,001 and over	1,200	300,001 and over	1,200

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. The Internal Revenue Code requires this information under sections 3402(f)(2)(A) and 6109 and their regulations. **Failure to provide a properly completed form will result in your being treated as a single person who claims no withholding allowances; providing fraudulent information may also subject you to penalties.** Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, to cities, states, and the District of Columbia for use in administering their tax laws, and using it in the National Directory of New Hires. We may also disclose this information to Federal and state agencies to enforce Federal nontax criminal laws and to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB

control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The time needed to complete this form will vary depending on individual circumstances. The estimated average time is: **Recordkeeping**, 46 min.; **Learning about the law or the form**, 13 min.; **Preparing the form**, 59 min. If you have comments concerning the accuracy of these time estimates or suggestions for making this form simpler, we would be happy to hear from you. You can write to the Tax Forms Committee, Western Area Distribution Center, Rancho Cordova, CA 95743-0001. **Do not** send the tax form to this address. Instead, give it to your employer.

